Salesperson Change of Employment, OL 16A

New Information

The Salesperson Change of Employment (OL 16A) form is now available on the department's website at www.dmv.ca.gov/vehindustry/ol/forms.

Procedures

The OL 16A form is required to be completed when a vehicle salesperson is employed or terminated. The OL 16A must be submitted by mail within 10 days of employment or termination to the following address:

Department of Motor Vehicles Occupational Licensing PO Box 93242, MS L224 Sacramento, CA 94232-3420

Background

Previously, vehicle dealers had to contact Occupational Licensing to order a supply of the OL 16A forms. To better serve the industry and streamline the ordering process, the OL 16A form was placed on the department's website.

Distribution

Notification that this memo is available online at **www.dmv.ca.gov/pubs/olin/olin.htm** was made via California DMV's Automated E-mail Alert System in April 2011 to the following:

Dealers

Contact

Refer questions regarding this memo to the Occupational Licensing Operations Unit at (916) 229-3128.

MARY GARCIA, Chief

Occupational Licensing

Attachment (1)



SALESPERSON LICENSE NUMBER

OL 16A (REV. 3/2011) WWW

S-

SALESPERSON CHANGE OF EMPLOYMENT

INSTRUCTIONS — This form must be completed when a vehicle salesperson is employed or terminated. Complete all sections on form, place check in appropriate box, and give date of employment or termination.

Mail completed form to: DEPARTMENT OF MOTOR VEHICLES

SALESPERSON'S NAME (LAST, FIRST, MIDDLE)

OCCUPATIONAL LICENSING P.O. BOX 93242, MS L 224 SACRAMENTO, CA 94232-3420

BIRTH DATE	CHECK ONE:	DEALER NUMBER	DATE	
MO. DAY YR.	TERMINATED EMPLOYED		MO: DAY YR.	
EMPLOYING DEALER NAME				
ADDRESS				
PRINTED NAME			AREA CODE/TELEPHONE NUMBER	
SIGNED (AUTHORIZED SIGNATURE)			DATE	
OL 16A (REV. 3/2011) WWW				
	CUT ON LINE AND SAV.	E FOR YOUR RECORDS		
DEPARTMENT OF MOTOR VEHICLES* A Public Service Agency				
	SALESPERSON CHAN	IGE OF EMPLOYMENT		
INSTRUCTIONS — This form sections on form, place check				al
Mail completed form to:	DEPARTMENT OF I OCCUPATIONAL LIG P.O. BOX 93242, MS SACRAMENTO, CA	CENSING S L 224		
SALESPERSON LICENSE NUMBER S —	SALESPERSON'S NAME (LAST, FIRST, MIDDLE)			_
BIRTH DATE	CHECK ONE:	DEALER NUMBER	DATE	
MO, DAY YR.	TERMINATED EMPLOYED		MO, DAY YR.	
EMPLOYING DEALER NAME				
ADDRESS				
PRINTED NAME			AREA CODE/TELEPHONE NUMBER	
SIGNED (AUTHORIZED SIGNATURE)			DATE	